

## PHYSICAL EXAMINATION

### Thorax

Heart \_\_\_\_\_ if organic disease is present, is it fully compensated? \_\_\_\_\_

Blood pressure: Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Lungs \_\_\_\_\_

Pulse: Before exercise \_\_\_\_\_ Immediately after exercise \_\_\_\_\_

Electrocardiograph \_\_\_\_\_

### Abdomen

Scars \_\_\_\_\_ Abnormal masses \_\_\_\_\_ Tenderness \_\_\_\_\_

Hernia: Yes / No \_\_\_\_\_ If so, where \_\_\_\_\_

Is truss worn? \_\_\_\_\_

### Gastrointestinal

Ulceration or other disease? \_\_\_\_\_

### Genito-Urinary

Scars \_\_\_\_\_ Urethral discharge \_\_\_\_\_

### Extremities

Upper \_\_\_\_\_ Lower \_\_\_\_\_ Spine \_\_\_\_\_

### Laboratory and Other Special Findings:

Urine: Spec. Gr \_\_\_\_\_ Alb. \_\_\_\_\_ Sugar \_\_\_\_\_

Other laboratory data (serology, etc.) \_\_\_\_\_

Radiological data \_\_\_\_\_

**Other medical history that the examiner determines is important to the performance of the applicant as a drive education teacher:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LICENSED PHYSICIAN'S CERTIFICATE

I hereby certify that I am familiar with the present medical condition of \_\_\_\_\_, who is an applicant for a New Hampshire Driver Education Teacher's Certificate. I further certify that said applicant is physically capable of teaching driver education. I understand that this certification and recommendation will be used in determining the applicant's eligibility to receive a Driver Education Teaching Certificate.

( ) —

\_\_\_\_\_  
Name of Licensed Physician (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
License of Certificate Number

\_\_\_\_\_  
State in Which Licensed

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Address of Licensed Physician

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date

PLEASE ATTACH THIS FORM, WITH AN ORIGINAL SIGNATURE FROM THE LICENSED PHYSICIAN, TO YOUR APPLICATION



Richard M. Flynn  
Commissioner of Safety

**State of New Hampshire**  
Department of Safety, Division of Motor Vehicles  
Driver Education Section  
10 Hazen Drive, Concord, NH 03305  
(603) 271/2485

Virginia C. Beecher  
Director of Motor Vehicles

**DRIVER EDUCATION INSTRUCTOR PHYSICAL**

THE PURPOSE OF THIS EXAMINATION IS TO DETECT THE PRESENCE OF PHYSICAL DEFECTS OF SUCH CHARACTER AND EXTENT AS TO AFFECT THE APPLICANT'S ABILITY TO SAFELY ENGAGE IN THE TEACHING OF DRIVER EDUCATION.

First Name	MI	Last Name	D.O.B.
Address	City	State	Zip Code
Height	Weight	Social Security Number	Driver's License Number

PLEASE INDICATE ANY ILLNESS, SURGERY OR PRESCRIPTION MEDICATION THAT THE APPLICANT HAS HAD IN THE PAST FIVE YEARS, INCLUDING THE FOLLOWING CONDITIONS:

Diabetes	Rheumatic fever	Psychiatric disorder or any other nervous disorder
Tuberculosis	Gastrointestinal ulcer	Cardiovascular disease
Gonorrhea	Nervous stomach	Seizures, fits, convulsion, fainting
Asthma	Muscular disease	Permanent defect or extensive confinement from illness, disease or injury
Syphilis	Kidney disease	Head or spinal injuries

Explanation

**Vision**

With glasses	Without glasses
R 20/ ____	R 20/ ____
L 20/ ____	L 20/ ____

Color Test: \_\_\_\_\_

Evidence of disease / injury? \_\_\_\_\_

Horizontal Field: \_\_\_\_\_

**Hearing**

Right Ear: \_\_\_\_\_

Left Ear: \_\_\_\_\_

Evidence of disease / injury? \_\_\_\_\_

**Audiometric Test**

Decimal loss at:

500 Hz	_____
1000 Hz	_____
2000 Hz	_____

**Reflexes**

Romberg \_\_\_\_\_ Pupillary \_\_\_\_\_

Light R \_\_\_\_\_ Light L \_\_\_\_\_

Accommodation:

Right \_\_\_\_\_ Left \_\_\_\_\_

Knee Jerks:

Right \_\_\_\_\_ Left \_\_\_\_\_

Comments: \_\_\_\_\_